

Alcoholic Beverage License Application Part Two – Personal History

To be completed by the general manager, food/beverage manager, managing partner, individual in control of the licensed premises, person or entity with controlling interest in the applicant, any person/entity who has (directly or indirectly) an ownership interest in excess of 5% in the applicant, and any spouse of any of the foregoing.

Section 1. Person Completing This Form

Complete for yourself only. Refer to Section 2 for spouse.

| | | | | |
|--|------------|----------------------------|-------------|-----|
| Establishment Where Employed | | | Phone | |
| Street Address | City | County | State | ZIP |
| Last Name | First Name | Middle Name (Full) | Maiden Name | |
| Residence Address (Street, City, County, State, ZIP) | | | Phone | |
| Email Address | | | Cell Phone | |
| Height | Weight | Eye Color | Hair Color | |
| Place Of Birth | | Date Of Birth (MM/DD/YYYY) | | |
| Driver's License Number & State | | | | |

Have you ever used or been known by a name or names other than the name given above? Yes
If yes, list such name(s) and information concerning dates and places used. No

Have you been in military service? Yes No *If yes, was discharge(s) honorable?* Yes No
Copies of discharge papers may be required.

List addresses at which you have lived during the preceding 10 years:

| | | | | |
|--------|------|--------|-------|-----|
| Street | City | County | State | ZIP |
| Street | City | County | State | ZIP |
| Street | City | County | State | ZIP |

List name, address, and type of every business and occupation you have engaged in during the preceding 10 years (attach additional pages if necessary)

| | | |
|-----------------------------|------------------------------------|-------------------|
| Name of Business/Occupation | Address (Street, City, State, ZIP) | Type and Position |
| Name of Business/Occupation | Address (Street, City, State, ZIP) | Type and Position |

Do you and/or your spouse have a direct or indirect interest in any other establishment in the City of Golden Valley to which an intoxicating liquor, wine, or 3.2 percent malt liquor license has been issued? Refer to City Code, Section 13.01, for definition of "interest". Yes No

If yes, list names, addresses and interest.

Have you or your spouse ever been convicted of a willful violation of federal, state, or local law governing the manufacture, sale, distribution, or possession for sale or distribution of intoxicating liquor, wine, or 3.2 percent malt liquor? Yes No

If yes, give date, place and nature of convictions.

List each person engaged in Minnesota in the sales, manufacture, or distribution of intoxicating liquor who is:

- a) closer in kin to you or your spouse than a second cousin, whether of whole or half blood, as computed by civil law, or
- b) a brother-in-law or sister-in-law of you or your spouse.

| Last Name | First Name | Middle Name (Full) | Maiden Name |
|--|------------|--------------------|----------------------------|
| Residence Address (Street, City, State, ZIP) | | | Phone |
| Residence Address (Street, City, State, ZIP) | | | Phone |
| Driver's License Number & State | | | Date of Birth (MM/DD/YYYY) |
| Last Name | First Name | Middle Name (Full) | Maiden Name |
| Residence Address (Street, City, State, ZIP) | | | Phone |
| Residence Address (Street, City, State, ZIP) | | | Phone |
| Driver's License Number & State | | | Date of Birth (MM/DD/YYYY) |

Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been convicted of any felony, crime, or violation of any ordinance, other than traffic? Yes No

If yes, give date, place and nature of conviction.

Have you or your spouse had any interest in any previous intoxicating liquor, wine, or 3.2 percent malt liquor license that was revoked, suspended, or not renewed? Yes No

If yes, explain in detail providing dates of such revocation.

Have you individually, or with others, made an application for an intoxicating liquor, wine, or 3.2 percent malt liquor license which was denied? Yes No

If yes, state circumstances.

**Background Investigation Consent Release and
Tennessee Warning - Liquor Licensing**

CONSENT RELEASE: I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether this liquor license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but refusal to so consent may be basis for denying this application.

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. *The purpose and intended use of the information requested is to determine if you or an applicant affiliated with you is eligible for a liquor license from the City of Golden Valley.*
2. *You are legally obligated to supply the requested information.*
3. *The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause the license application to be denied.*
4. *The known consequences of refusing to supply the requested information is that the application for a license cannot be processed.*
5. *A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.*
6. *Other governmental agencies necessary to process your application are authorized by law to receive the information provided.*
7. *The City is required by law to furnish some of this information to the Minnesota Department of Labor and Industry, the Minnesota Commissioner of Revenue and the Minnesota Department of Public Safety.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

| | |
|----------------------------|------|
| Your Signature X | Date |
|----------------------------|------|

| | |
|--------------------------|------------------|
| Your Name (please print) | Name Of Business |
|--------------------------|------------------|

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20____.

Commission expires on _____.

_____ Notary signature



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

